PTO/SB/17 (07-06)

Linguista Pananyark Brailing Act of	1995 ao aorson are require	U.S. Pate	ent and Trademation of information	ark Office; U.S. DE	PARTMENT OF	COMMERCE
Olidek the Paperwork Residuol Act of	d to respond to a conec	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number. Complete if Known				
Fees pursuant to the Consolidated Approp		Application Number 09/875,095-Conf. #007701				
FEE TRANS	Filing Date	Filing Date J		une 7, 2001		
	First Named I	First Named Inventor K		ristofer SKANTZE		
For FY 20	Examiner Nam	Examiner Name P		. W. Klimach		
Applicant claims small entity stat	Art Unit	Art Unit 2135		35		
TOTAL AMOUNT OF PAYMENT	Attorney Dock	Attomey Docket No. 3782-0134P				
METHOD OF PAYMENT (check all that apply)						
x Check Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
x Charge any additional fee(s) or underpayment of x Credit any overpayments						
fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						_
1. BASIC FILING, SEARCH, AND E		DEADOU FEEO	CVALABLE	.ATION		
FII	LING FEES Small Entity	SEARCH FEES Small Entity		IATION FEES Small Entity	,	
Application Type Fee (\$		(\$) Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees Pa</u>	id (\$)
Utility 300	150 5	00 250	200	100		
Design 200	100 1	00 50	130	65		
Plant 200	100 3	00 150	160	80		
Reissue 300	150 5	00 250	600	300		
Provisional 200	100	0 0	0	0		
2. EXCESS CLAIM FEES					_	mall Entity
Fee Description					<u>Fee (\$)</u>	Fee (\$)
· · · · · · · · · · · · · · · · · · ·						25
Each independent claim over 3 (including Reissues) 200 100						
Multiple dependent claims		360 180				
		ee Paid (\$)			Itiple Dependent Claims	
35 $-34 = 1$ 35 HP = highest number of total claims paid for	(<u>50.00</u> =	50.00	Fee	<u>e (\$)</u>	Fee Paid (\$)	
Indep. Claims Extra Claims	_	ee Paid (\$)				
-6=		se raid (\$)				
HP = highest number of independent claims	paid for, if greater than 3.	•				
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheet		ch additional 50 or fr (pound up to a w			Fee Pa	11a (\$)
100 = 1. OTHER FEE(S)	_ /50	, повы ир ю а w	noie number)	• ——	Fees Pa	
Non-English Specification, \$130 fee (no speath entity discount)						
Other (e.g., late filing surcharge)						
SUBMITTED BY						
ignature		Registration No.	29,680	Telephone	(703) 205-	8000
Name (Print/Type) Michael K. Mutter		(Auomey/Agent)	Date September 6, 2006			